STATE OF CALIFORNIA • DEPARTME	NT OF TRANSPORTATION
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TRAVEL EXPENSE CLAIM

FA-0302 (REV. 1/1999) Front CT #7541-0620-9

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DEDCOMAL	INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.

Rande POSITIO Direct CLAIMA	ell H. Iw	asaki	, La	st)							S	ICIAI SECI	IDITY KILIKAD	ER			ID	EPARTME	NT						
POSITION DIRECT	or				Randell H. Iwasaki												SOCIAL SECTIBITY NUMBER DEPARTI								
CLAIMA		ME ADDRESS														DIST./UNIT (Where Check Will Be Sent) CONTAC									
CITY	NT'S HOM	ME ADDRESS						M				5/001	There enece	וטאוואכו	THOME #	(made A	rea Code,								
		IL ADDITEGE	3				_	11.2				HEADQUARTERS ADDRESS													
											11	20 N Str	eet												
1) MON				STA	TE			ZIP COL	DE	CIT	ΓY					STATE		ZIP COD	E						
 MON 											Sa	cramento)				Califo	rnia	95814-						
8/09	TH/YEAR	10000	10	CATIO	ON			(4)	(5)	MEALS	O.T., L/	(6)	(7)		and the second second second	TATION (C)		(D)	(8)	(9)					
2)		1		Expens					BREAK-		N/C.REI OR	INCIDEN-	(A)	TYPE	TO	(C) RFARE OLLS,	PRIVAT	(D) E CAR USE	BUSINESS						
DATE	TIME 0630 -	Elk Grove -	-	Incurre	-	anle	-	LODGING	FAST	LUNCH	DINNE	R TALS	COST OF	USED	PA	RKING	MILES	AMOUNT		FOR DAY					
6	1600	Airport - El	k G	rove									70	PORCE	P	15.00	50	27.50		42.5					
7	0700 - 1635	Elk Grove -	Oa	kland ·	- Elk	Gro	ve							PC	P,T	10.00	195	107.25		117.2:					
13	1930	Sacramento	- 0	akland	d			118.82	2				9	PC			85	46.75		165.5					
14	1400	Oakland - S	acra	amento	0									PC	P,T	13.00	85	46.75		59.75					
15	1400 - 1750	Elk Grove - Grove	Sac	ramen	nto -	Elk								PC			24	13.20		13.20					
16	400 -	Elk Grove -	SF	- Elk (Grov	е								PC	T	4.00	186	102.30		106.30					
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0)							4					-				1.557									
				SUB	10000	200		118.82								42.00	625	343.75		504.57					
) Spea	ak at W	RIP, REMARKS	g 7) Spe	ak a	at T	BPC	OC me	eting 13	-14) Sp				RRA		CL	AIM TO	TAL	\$ 50	04.57					
earin	g15) Ser	nator Ashb	uri	ı's rac	dio	talk	sho	w 16)	BART S	trike M	edia F	event at to	oll plaza												
	MAL WORK 1800 - 17		SUF-	T, CODE	MOD	SOU	RCE	CHG	EXP. AUTH.	SUBJ	ОВ	SPECIAL DE	SIGNATION	FAE	AGCY.	A	AMOUNT		FY M	MSA CODE					
		LE LICENSE#	1	100	1	35	001	85	961010				7	001		\$42.00									
					1	35	001	85	961010					7	010	S	343.75								
4) MILE	AGE RATE	CLAIMED	File		1	35	001	85	961010					7	020		118.82								
	0.55																								
OF	FICE USE	ONLY			100																				
PAID BY	REV. FUND	CHECK #				-																			
If a	privately of	ERTIFY that to	wa	s used	d, and	l if m	ileag	e rates e	exceed the	minimum	rate, I c	ertify that t	he cost of op	eratino	the ve	hicle was	s equal to	or greater	than the r	ia. ate					
_	rmed, and	that I have m	et tr	ie requ	ıırem	ents	_	DATE	oy SAM S				753, and 075												
		ND TITLE OF	ĺ	Ė		ľ								VIIV	a IRA	VEL AINI)	CATME	191	DATE ON-	-69.					

You can save data typed into this form for later editing, unless you click on the Flatten form Button.

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

TRAVEL EXPENSE CLAIM

FA-0302 (REV 1/2008) Front CT #7541-0620-9

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PERSONAL INFORMATION NOTICE

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CLAIMA	ANT'S NAM	E (First, Mi, Las	st)						CALTRANS EMPLOYEE ID NUMBER CONTACT PHO							ONE NUMBER					
Rande	ell H. Iwa	saki								(916) 654-											
POSITIO	ON TITLE					В	.U./M	.D.		NUMERIC DIST/UNIT (For Check to Be Sent) ALTERNATE PH											
Direct	or									85											
CLAIMA	NT'S HOM	E ADDRESS								HEADQUARTERS ADDRESS									M.S.		
											0 N Stre	eet							49		
CITY	Alterior		ATE		ZIP (CODE	CITY						S	TATE	ZIP	CODE					
4) 1/6)	THEFT									Sac	ramento	MANAGE CO.					CA	958	314		
Augi	TH/YEAR ust 2009	10	(3)	NI		(4	1)	(5)	MEALS		(6)	(7)			ISPORTA'		(D)	(8)	(9)		
(2) DATE	TIME	Whe	LOCATION Where Expenses Were Incurred			LODG	SING	BREAK- FAST	LUNCH	O.T., L/T. OR DINNER	R INCIDEN-	(A) COST OF TRANS.	TY	1	(C) CARFARE TOLLS, PARKING	140.00	ATE CAR US	EXDEVISE			
9		China VISA CA)	Fee (R	ichm	iond,									1				190.00			
-													-	-							
													+	+							
													+			-					
4																					
													+	-	-	_					
10)			SII	BTO	TALS								+	+	+	-		190.00	100.00		
1) PUF	RPOSE OF	TRIP, REMARK				ach rec	ceints	/vouchers	when rea	uired)								190.00	190.00		
ISA I	orocessin	g fee for upo	coming	trip	s to C	hina	for S	SFOBB	SAS co	itract.						Claim T	otal	\$	190.00		
2) NOR	MAL WORK H	HOURS	Passa	1	URCE																
	8-5		CODE	DIST		CHG DIST	EXP.	AUTH.	SUBJOB	SPEC	CIAL DESIG	NATION			<i>(.</i>	AMOUN	Т	FY	MSA CODE		
3) WOR	K SCHEDULI			04	103	04	012	20F3					7	75		\$190.00		10			
A) pon/	5/4(E LICENSE #	1000												-						
4) 11(10)	ATE VEHICLE	E LICENSE #				-					-				-						
5) MILE	AGE RATE C	LAIMED	13000												-						
	.55		12,860										_		-						
EREBY	CERTIFY	that the above li	ine is a tr	ue sta	atemen	t of the	trave	el expense	es incurred	by me ir	accordan	ce with DP	A rule	es in th	ne service	e of the S	ate of Ca	lifornia.			
private imed, a	ely owned ve and mat I ha	ehicle was used ve met the requ	, and if m	nileag	e rates	exceed	d the r	minimum	rate, I cer	ify that t	he cost of	operating t	he ve	hicle v	vas equa	I to or gre	ater than	the rate			
CLA	MA NITIC CH	CNATIDE																DATE 9	15-0		
71 5-17-16	ATURE OF	OFFICER APP	ROVING	TRA	VEL A	ND PA	YMEN	IT -				PF	TAIS	NAME				DATE	1 1		
1) 3161		Λ.	0	A									-					20. 20.	0 1 - 1		

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		s On Revers			Julii Uy ii	in ruent	nying partie	ana: Direct a	ny metanica (on untormati	on maintenan	ce to your IPA (MINUT.						
CLAIM	ANT'S NAM	ME (First, M	i. Last)							SOC	CIAL SECT	IRITY NUMB	ER				DEDARTME	NIT	
	ell H. Iw		,,						000	DIAL OLOC		EPARTMENT							
POSIT							B.U	/M.D.		DIS	T./UNIT (V	T PHONE #	(Include A						
Direc	tor						M			001		(11101000)	700 0000						
CLAIM	ANT'S HOM	ME ADDRES				HEA	85/001 (916) 685-267 HEADQUARTERS ADDRESS												
7700	III D	11 777								112	0 N Stre	eet							
CITY				S	TATE			ZIP COI	DE	CITY	1					STATE		ZIP COD	E
										Sac	ramento					Califo	ornia	95814-	
8/09	IIH/TEAR	(3)	LOCA	ATIO	M		(4)	(5)	MEALS		(6)	(7)	TRA		TATION			(8)	(9)
2)		v	Vhere E					BREAK-		O.T., L/T. N/C.REL.	INCIDEN-	(A)	(B) TYPE	CA	(C) RFARE	PRIVA	(D) TE CAR USE	BUSINESS	
ATE	TIME	10000	Were In	-			LODGING	FAST	LUNCH	OR DINNER		COST OF	USED	PA	OLLS, RKING	MILES	AMOUNT	EXPENSE	FOR DAY
21	0730 - 1800	Elk Grove	- Oakla	and -	Elk G	rove							PC	T	4.00	191	105.05		109.0
	1730	Elk Grove	Airno	ort C	on Die	200							PC						
30												10	A	В	15.00	25	13.75		28.7
31	1630	San Diego	- Аігро	ort - S	Sacram	ento							Apc	P	15.00	12	6.60		21.60
									9										
))			s	SUBTO	OTALS	3													
) PUR	POSE OF TR	RIP, REMARKS	AND D	ETAIL	S (Attac	ch rece	eipts/vouch	ers when red	quired)					\dashv	34.00	AIM TO	125.40 DTAI	\$ 14	159.40
ert 9	eak at D	eborah Ro Border In	oss's 1	tuner	ral 30 nd Ke	-31)	Speak te the A	on beha	VE C	Gover	nor at th	e 1st Am	per		-		71742	1.	77.40
2) NOF	MAL WORK 0800 - 1	HOURS	E568 L08	Y SI	Total Control	UNIT	сна	EXP. AUTH.	SUBJ		PECIAL DE	SIGNATION	FAE	AGCY.	A	MOUNT		FY MS	SA CODE
		LE LICENSE#	200	2545	85	001	85	961010	+	_			7	100,000	-	24.00		_	
/ FRI	ALE VEHIC	LL LIGENSE#	200	SELECT OF SELECT	85				+	-			7	001		\$34.00			
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,	0.55		2.032 20 7.39 eA	10 Mg	85	001	85	961010	-	-			7	020					
AGI	NCY ACCO	UNTING	275 E				+		-	_									
0	FFICE USE																		
) II	privately of	ERTIFY that to owned vehicle that I have m	e was u	used,	and if	mileag	ge rates e	xceed the	minimum	rate, I ce	rtify that th	ne cost of ope	erating	the ve	hicle was	equal t	to or greater	than the ra	a. ate
gh							***												
get)	T'S SIGNA	ATURE /			,		9-J		(16) SI	GNATUR	E OF OFF	ICER APPR	OVINO	3 TRAN	/EL AND	PAYME	ENT	DATE	-08